



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

RGV PREVENTATIVE CARE INSTITUTE
500 SOUTH BICENTENNIAL BLVD
MCALLEN TX 78501

Respondent Name

TEXAS BUILDERS INSURANCE CO

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-13-1108-01

MFDR Date Received

JANUARY 3, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These claim have been denied due to medical bill should have been submitted with the licensed HCP that provided the health care or that provided direct supervision of an unlicensed individual who provided the healthcare. (REYNALDO MUNOZ PA) was noted as the HCP. Since Mr Munoz, is a PA and practices under Dr. Audrey I Jones license, she is required to sign off on all of his medical notes. The service is rendered by the PA but under supervision of Dr. A. Jones."

Amount in Dispute: \$858.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier has disputed payment of services provided as the medical billing shows Audrey Jones DO or Darryl Stinson MD as the provider, whereas the medical documentation reviewed by the carrier reflects that the services provided were by Reynaldo Munoz, PA. As provided in DWC Rule 133.20(e)(2)...The carrier's position is that the audits of the above-referenced bills were done correctly and no payment is due at this time."

Response Submitted by: Parker & Associates, L.L.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 15, 2012	CPT Code 99203	\$274.00	\$0.00
August 23, 2012 August 28, 2012 October 19, 2012 October 19, 2012	CPT Code 99213	\$121.00/each	\$0.00
August 15, 2012 August 23, 2012 August 28, 2012 October 19, 2012 October 19, 2012	CPT Code 99080-73	\$20.00/each	\$0.00
TOTAL		\$858.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.20, effective January 29, 2009, 34 TexReg 430, requires bills to be submitted by the healthcare provider that provided the healthcare.
3. 28 Texas Administrative Code §129.5, effective July 16, 2000, sets out the procedure for reporting and billing work status reports.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits
 - B20-Srvc partially/fully furnished by another provider.
 - 73-Work Status Report
 - 150-Payment adjusted/unsupported service level.
 - T12-Part II, DWC-73 not completed as required.

Issues

1. Was a completed bill submitted in accordance with 28 Texas Administrative Code §133.20?
2. Is the requestor entitled to reimbursement for CPT code 99080-73?

Findings

1. The respondent denied reimbursement for the evaluations billed under CPT codes 99203 and 99213 based upon reason code "B20-Srvc partially/fully furnished by another provider."

28 Texas Administrative Code §133.20(e) states "A medical bill must be submitted: (1) for an amount that does not exceed the health care provider's usual and customary charge for the health care provided in accordance with Labor Code §§413.011 and 415.005; and (2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care."

A review of the submitted Visit Notes indicates that Reynaldo Munoz, PA performed the evaluations. He is a licensed health care provider. The medical billing indicates either Audrey Jones DO or Darryl Stinson, MD billed for the service. The Division finds that the billing does not reflect the license health care provider that rendered the service in accordance with 28 Texas Administrative Code §133.20(e)(2). As a result, reimbursement cannot be recommended for the evaluations billed under CPT codes 99203 and 99213.

2. On the disputed dates of service the requestor also billed for a work status report using CPT code 99080-73.

CPT code 99080-73 is defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

28 Texas Administrative Code §134.204 (l) states "The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports)."

28 Texas Administrative Code §129.5(d) states "The doctor shall file the Work Status Report:

- (1) after the initial examination of the employee, regardless of the employee's work status;
- (2) when the employee experiences a change in work status or a substantial change in activity restrictions;
- and (3) on the schedule requested by the insurance carrier (carrier), its agent, or the employer requesting the report through its carrier, which shall not to exceed one report every two weeks and which shall be based upon the doctor's scheduled appointments with the employee."

A review of the submitted Work Status reports finds that they were signed by Reynaldo Munoz, PA (Physician Assistant), who is not a doctor. The reports do not indicate a substantial change to support filing a work status report in accordance with 28 Texas Administrative Code §129.5(d). As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	9/10/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.